WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

Employer(Name & Address with Zip Code)	Carrier/Administrator Claim Number	Report Purpose Code
	Jurisdiction	Jurisdiction Claim Number
	Insured Report Number	

SIC Code	Employer Fein	Employer's Location Address(If different)	Location #:
			Phone #

CARRIER/CLAIMS ADMINISTRATOR

Carrier(Name, Address & Phone No)	Policy Period To	Claims Administrator(Name, Address & Phone Number)
	Check if Appropriate Self Insurance	

Carrier Fein	Policy/Self-Insured Number	Administration Fein

Agent Name & Code Number

EMPLOYEE / WAGE

Name (Last, First, Middle)	Birth Date	Social Security Number	Hire Date	State of Hire

Address (include Zip Code)	Sex	Marital Status	Occupation/Job Title
			Employment Status
Phone	# Dependants		NCCI Class Code

Rate Per Day Month Week Other:	# Days Worked/Week	Full Pay for Day of Injury? Yes No Did Salary Continue? Yes No

OCCURANCE/TREATMENT

Time Employee Began Work	Date of Injury/Illness	Time of Occurrence	Last Work Date	Date Employer Notified	Date Disability Began

Contact Name / Phone Number	Type of Injury/Illness	Part of Body Affected
Did Injury/Illness Exposure Occur on Employer's Premises? Yes No	Type of Injury/Illness Code	Part of Body Affected Code

Department or Location Where Accident or Illness Exposure Occurred	All Equipment, Materials, or Chemicals Employee was using when Accident or Illness Exposure Occurred
Specific Activity the Employee was Engaged in When the Accident or Illness Exposure Occurred	Work Process The Employee was engaged in When Accident or Illness Exposure Occurred

How Injury or Illness/Abnormal Health Condition Occurred. Describe the Sequence of Events and Include Any Objects or substances that Directly Injured the Employee or Made the Employee Ill	Cause of Injury Code

Date Return(ed) To Work	If Fatal, Give Date of Death	Were Safeguards or Safety Equipment Provided? Yes No Were They Used Yes No

Physician/Health Care Provider(Name & Address)	Hospital(Name & Address)	Initial Treatment
Witness (Name & Phone #)		

Date Administrator Notified	Date Prepared	Preparer's Name & Title	Phone Number